

**EMPLOYEE'S REQUEST TO TRANSFER INSURANCE FUND CONTRIBUTIONS**

The following information must be completed by the Employee:  
**(Please Print)**

Name: \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_  
Number & Street City & State ZIP

Telephone Number: ( ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Local Union: \_\_\_\_\_

Home Insurance Fund: **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund**

Date Work Began in the Area of the:  
**Laborers' Metro. Detroit Health Care Fund**

\_\_\_\_\_  
Month Day Year

---

Pursuant to the Reciprocal Agreement between the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund** and the **Laborers' Metro. Detroit Health Care Fund**, I hereby request that the **Laborers' Metro. Detroit Health Care Fund** transmit to the **Ohio Laborers' District Council – Ohio Contractors' Association Insurance Fund**, my Home Fund, a record of hours reported that have been worked by me in the area of the **Laborers' Metro. Detroit Health Care Fund** and any Insurance Contributions received for such work, whether or not these contributions have been received in full or in part from the employer. I understand the transfer of the records and contributions is subject to the terms of the Reciprocal Agreement.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date